CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RACTICES COMMISSION COVER PAGE 11 APR -4 PM 4: 23

RECEIVED MAR 082011

Please type or print in ink.

City of Belvedere

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
TELISCHAK	JOHN	С
1. Office, Agency, or Court		
Agency Name		, the control of the
BELVEDERE	MAYOR & CITY COUNCIL M	IEMBER
Division, Board, Department, District, if applicable	Your Position	
CITY COUNCIL		
▶ If filing for multiple positions, list below or on an attachment.	•	
Agency: TRANSPORTATION AUTHORITY OF MARIN	Position: BOARD MEMBER	
2. Jurisdiction of Office (Check at least one box)		
☐ State	Judge (Statewide Jurisdiction)	
Multi-County	County of	
⊠ City of BELVEDERE	☐ Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through December 31, 2010.	Leaving Office: Date Left(Check one)	J
The period covered is/, through December 31, 2010.	 The period covered is January leaving office. 	1, 2010, through the date of
Assuming Office: Date/	The period covered is of leaving office.	, through the date
Candidate: Election Year Office sought, if differ	ent than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None." ▶ To	otal number of pages including this cov	er page:5
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Busines	
☐ Schedule A-2 - Investments — schedule attached	Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel P	
-or-		
☐ None - No reportable interests	s on any schedule	
I certify under penalty of perjury under the laws of the State of California	tha .	
Date Signed FEB. 28 2011 Sign	natu	
V		

FORM 700 Annual Statement 2010 Cover Page

John C. Telischak

Agency	Position
California Joint Powers Insurance Authority	Board Member
Transportation Authority of Marin	Board Alternate

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
John C. Telischak	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amgen	Cimarex Energy
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals	Oil & Gas
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 🔀 \$10,001 - \$100,000	\$2,000 - \$10,000 <u>X</u> \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Baxter International	Citigroup
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals	Financial Services
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 X \$10,001 - \$100,000	🔀 \$2,000 - \$10,000 🔲 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
05 , 05 , <u>10</u> , , <u>10</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bristol Myers	Corning
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
	☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
I Stock ☐ Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10	/ / 10 / / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
John C. Tolicobok

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Covidien	Intel
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals	Semi-Conductor
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//
NAME OF BUSINESS ENTITY General Electric	► NAME OF BUSINESS ENTITY Johnson & Johnson
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology/Media/Financial	Health Care
FAIR MARKET VALUE	FAIR MARKET VALUE
[] \$2,000 - \$10,000 X \$10,001 - \$100,000	◯ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
	,
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF DISCOURCE PARTY
AMB Property Corp.	► NAME OF BUSINESS ENTITY Johnson & Johnson
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Industrial Real Estate	Health Care
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>5 , 1 , 10 </u>	5 / 5 / 10 / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

CALIFORNIA FOR	
Name John C. Telis	

	► NAME OF BUSINESS ENTITY
JP Morgan Chase & Company	Merk .
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Services	Health Care
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
5 / 5 / 10 / / 10	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
McKesson	Microsoft
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Health Care	Computer Software
FAIR MARKET VALUE	FAIR MARKET VALUE
	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
STATE UPON ON INDUNCTATION	MATURE OF BUICOTHESE
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Destroyable O Insert Destrict of 60, 6400
	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	if APPLICABLE, LIST DATE:
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	if APPLICABLE, LIST DATE:
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
John C. Telischak

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Tyco International	Wendys
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Security Products	Restaurants
FAIR MARKET VALUE	FAIR MARKET VALUE
	☐ \$2,000 - \$10,000 X \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT ☐ Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10	/ / 10 / / 10
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wellpoint Inc.	Yahoo
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Health Care	Internet Services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 ★ \$10,001 - \$100,000	\$2,000 - \$10,000 ★ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock ☐ Other	Stock
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
5 / 5 / 10 / / 10	<u>5 , 5 , 10 </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wells Fargo	BP
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Services	Oil and Gas
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
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